

PTO/SB/81 (01-06)

Approved for use through 1231/2006. MID 651-0035.

U.S. Patent and Tradedmark Office, U.S. DePARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unders it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number 10/585,030 Filing Date June 29, 2006	
5 Sunc 25, 2000	$\overline{}$
First Named Inventor Krishna Murthy ELLA	
Title A Process For The Preparation And Purfication Of Record	internant Proteins
Art Unit 1645	
Examiner Name Not Yet Assigned	
Attorney Docket Number 06-40104-US	

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number:	070	066					
OR							
Practitioner(s) named below:	Practitioner(s) named below:						
Name	Name Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application ident	ified above, and to t	transact all business in the United States Patent and					
Trademark Office connected therewith.	above, and to t	Garage an Double of the Office Ocates Fatelit and					
Please recognize or change the correspondence address for the al	bove-identified appli	ication to:					
The address associated with the above-mentioned Custor							
OR							
The address associated with Customer Number:							
OR L							
Firm or Individual Name							
Address .							
City	State	Zip					
Telephone	Email	1					
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.7	1.	*					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO		-101					
SIGNATURE of App	licant or Assignee						
Name Krishna Murthy Elia		Date Telephone					
Name Krishna Murthy Elia		releptione					
NOTE; Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
signature is required, see below.							
Total of 2 forms are submitted							

Total of 2 worms are submitted.

Total of 3 worms are submitted.

Total collection of Information Insequence by 37 CFR 1.3 1, 1.32 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the LUSPI) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 3 7 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes of the collection of the collection of the collection of the collection is estimated to take 3 minutes of the collection of the collection



PTO/SS/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC Under the Paperwork Reduction Act of 1995, no persons are required to respond to a Debeton of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

95		aniation unless it displays a valid Onto control flumber.			
7	Application Number	10/585,030			
	Filing Date	June 29, 2006			
	First Named Inventor	Krishna Murthy ELLA			
	Title	A Process For The Preparation And Punisation Of Recombinant Proteins			
	Art Unit	1645			
	Examiner Name	Not Yet Assigned			
	Attorney Docket Number	06-40104-US			

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
✓ Practitioners associ	iated with the Customer Number:		070	966			
OR							
Practitioner(s) name	ed below:						
	Name			Registration	on Number		
 							
as my/our attorney(s) or a Trademark Office connect	egent(s) to prosecute the application ted therewith.	identified above	and to t	ransact all busine	ss in the United States	Patent and	
Please recognize or chan	ge the correspondence address for t	he above-identil	ied appli	cation to:			
I — '	sociated with the above-mentioned C						
OR OR	socialed with the above mentioned c	autorici (vario)			1		
The address as	sociated with Customer Number:						
OR					J		
Firm or Individual Nar	me			· · · · ·			
Address							
City			State	l	Zip		
Telephone			Email				
I am the:			-				
Applicant/Invent	or.						
	ord of the entire interest. See 37 CFF r 37 CFR 3.73(b) is enclosed. (Form						
Statement under	SIGNATURE of			of Popper			
Signature	SIGNATURE OF	Applicant of A	ssignee	or Record	2		
	inivas Kannappa Vellimedu				Date Telephone		
Title and Company	mivas Kannappa veilinedu				еверноне		
NOTE: Signetures of all the inventors or essignees of record of the entire interest or their representative(s) ere required. Submit multiple forms if more than one							
signature is required, see bet	low'.				-		
*Total of 2	forms are submitted.						

This collection of information is required by 37 CPR 131, 132 and 133. The information is required to obtain or relain e benefit by the public which is to site (and by the Collection application. Continentially is governed by 30 LSC and 27 CPR 137 CPR 131 CPR 141 CPR 14